COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
BUSINESS LICENSE INVESTIGATION REPORT

Account# **141425**

Application for		Date
Water Taxi Operator		06/25/15
		Hearing Date
D.B.A.	Organization or Corporation	Incorporation Date
The Blue Moon Dolphin Cruises	**The Blue Moon Dolphin Cruises, LLC**	04/29/13
Address of Proposed Activity	Contacted	Date Contacted
14000 Old Harbor Lane #104,	**Grace Eboigbe**	
Marina Del Rey, CA 90292	06/22/15	

Applicant, Sponsoring Adult or Corporate Officer	Position	Ever Arrested
1. **Christopher Medinger**	**Owner**	Yes ☐ No ☒

Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
[redacted]	[redacted]					

2.	Position	Ever Arrested
		Yes ☐ No ☐

Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
			BROWN	BLUE		

3.	Position	Ever Arrested
		Yes ☐ No ☐

Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
			BROWN	BROWN		

4.	Position	Ever Arrested
		Yes ☐ No ☐

Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
			BROWN	BROWN		

5.	Position	Ever Arrested
		Yes ☐ No ☐

Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
			BROWN	BROWN		

Location
☐ Owned ☐ Leased ☐ Sub-Leased From Whom:

Termination Date of Lease	Immediate Vicinity	School or Churches	Hearing Notice Posted

Charitable Activity	Proposed Date of Activity	Age Group	Admission Charged	Amount	Security Guards
				-	Yes ☐ No ☐ No.

Estimated Attendance	Posted Capacity	Parking – Location	Number	Paved	Lighting

Outside Signs	Interior Lightning

Alcoholic Beverages	Type ABC License	ABC Licensed Issued To
Yes ☐ No ☐		

Location Previous Licensed	Applicant Previously Licensed	License Suspended, Revoked, or Denied
Yes ☐ No ☐ Date	Yes ☐ No ☐ Date	Yes ☐ No ☐ Date
Type	Type	Type
	-	-

Date Started Operation	Billiard Tables	State Board Number
	Yes ☐ No ☐ Number	

[redacted] Attire	Type of Food Served	Entertainment (Describe)

Hours of Operation	Days of Operation	County License Number
		141425

Los Angeles County Treasurer and Tax Collector

Application for Business License

Please note: *Business License fees are NOT refundable*

Fee: $_____

ID # 141425

BUSINESS INFORMATION

Type of Business: Water Taxi operator 1573 Water Taxi Boat 1574	Address of Business: 13555 Fiji Way, MDR CA 90292 Business Telephone: 310-339-4282
DBA (Business Name): [redacted] Blue Moon Dolphin Cruises	Mailing Address: [redacted]
Sellers Permit # (State Board of Equalization):	
Business Ownership Structure: Single Owner ___ Partnership ___ LLC ✓ Corporation ___ *If LLC or Corporation, the information below is required:*	
Date of Incorporation: 4/29/13	Incorporated in the State of: California
Exact Corporate Name: Blue Moon Dolphin Cruises	

Names of Officers	Addresses	Titles
Christopher Medinger	[redacted]	

APPLICANT INFORMATION

Applicant's Full Name: Christopher Medinger		
Home Address: [redacted]		
Home Telephone: [redacted]	Cell Phone: [redacted]	Email address: cmedinger@valueschools.com
Social Security #: [redacted]	Date of Birth: [redacted]	Place of Birth: [redacted]
Driver's License or State ID#: [redacted]		Expiration Date [redacted]
Male ✓ Female ___ Height [redacted]	Weight [redacted]	Hair Color [redacted] Eye Color [redacted]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 6/10/14 Applicant's Signature: _____

Application taken by: _____ Date: 6/10/2014

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

Revised 7-15-2013

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: **WATER TAXI OPERATOR**

ADDRESS OF BUSINESS: **13555 FIJI WAY, MARINA DEL REY, CA 90292**

TELEPHONE: **(310) 339-4282**

OWNER OF BUSINESS: **THE BLUE MOON DOLPHIN CRUISES**

CAL. DR. LIC.# [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **THE BLUE MOON DOLPHIN CRUISES**

MAILING ADDRESS: [redacted]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

		APPROVED	DATE	SIGNATURE
☐	1. Animal Care & Control			
☒	2. Risk Management	YES	2/10/16	NLOVE
☐	3. Building & Safety			
☐	4. Fire Department			
☐	5. Public Health			
☒	6. Treasurer & Tax Collector	ij	2/2/16	
☒	7. Business License Commission			
☐	8. Sheriff Department			
☐	9. Regional Planning Commission			
☐	10. Weights and Measures			
☐	11. Publishing			
☐	12. Public Works - EPD			
☒	13. Sheriff Fingerprint	ij	6/26/14	

Conditions:

BASIC LICENSE NO. **1573** DATE **06/11/14** IDENTIFICATION NUMBER **141425**

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13555 FIJI WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 339-4282

OWNER OF BUSINESS: THE BLUE MOON DOLPHIN CRUISES

CAL. DR. LIC.# [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE BLUE MOON DOLPHIN CRUISES

MAILING ADDRESS: [redacted]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

RISK MANAGEMENT
LA COUNTY

[X] APPROVAL [ ] DENIAL

RECOMMENDATION: _____

SIGNATURE: _____ DATE: 2/10/2016

BASIC LICENSE NO. 1573 DATE 02/04/16 IDENTIFICATION NUMBER 141425

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: **WATER TAXI OPERATOR**

ADDRESS OF BUSINESS **13555 FIJI WAY, MARINA DEL REY, CA 90292**

TELEPHONE: **(310) 339-4282**

OWNER OF BUSINESS: **THE BLUE MOON DOLPHIN CRUISES**

CAL. DR. LIC.# [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **THE BLUE MOON DOLPHIN CRUISES**

MAILING ADDRESS [redacted]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR **NEW LICENSE**

CHRISTOPHER CELL # 310-339-4282

TREASURER & TAX COLLECTOR
LA COUNTY

☑ APPROVAL ☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____ DATE: 2-3-16

BASIC LICENSE NO. **1573** DATE **06/11/14** IDENTIFICATION NUMBER **141425**

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

14-00820

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 13555 FIJI WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 339-4282

OWNER OF BUSINESS: THE BLUE MOON DOLPHIN CRUISES

CAL. DR. LIC.# [redacted]

NAME OF PERSON FINGERPRINTED: MEDINGER, CHRISTOPHER 5/10/80

FICTITIOUS NAME: THE BLUE MOON DOLPHIN CRUISES

MAILING ADDRESS: [redacted]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY

☑ APPROVAL ☐ DENIAL

RECOMMENDATION: Approved

SIGNATURE: [signature] DATE: 6/20/14

BASIC LICENSE NO. 1573 DATE 06/11/14 IDENTIFICATION NUMBER 141425

6/11

Fax & Scanned TC 6/20